Rhode Island Department of Health Influenza Vaccine Order Form For period from October 2nd to October 15th

To receive your vaccines you must:

- Fax your order 24 hours in advance to Paul McKiernan at the Department of Health at 222-1442. For next day pick-up, orders must be received by 10am. Approved orders will be faxed back to providers by close of business if vaccine is available for pick-up at your designated hospital pharmacy. For vaccine pick-ups at the Department of Health, approved orders will be confirmed with a phone call instead of a faxed approval. These orders will be kept on file and filled during regular distribution days (weekly on Wednesdays and Thursdays) based on available vaccine inventory.
- Use the Influenza Vaccine Order Form for the upcoming two-week period each time you place an order. Please complete all fields. Incomplete forms cannot be processed.
- Bring the following when you pick up your vaccine: a cooler to protect the cold chain, photo identification and an Influenza Vaccine Order that has been approved by the RI Department of Health (unless you are picking up vaccine at the Department of Health where your approved order will be on file).

Name of Pract Contact Perso				umber: umber:		
Pick-Up Location (please check):			Pick-Up Date (DOH will fill in):			
Rhode Island Department of Health Fatima Hospital Kent County Hospital Landmark Hospital Memorial Hospital Newport Hospital			Rhode Island Hospital South County Hospital St. Joseph's Hospital Westerly Hospital Women & Infants Hospital			
	•				DOH use only	
Age Group	Product	Package	Population Estimate	Amount	Amount Approved	

Age Group	Product	Package	Population Estimate	Amount Requested	Amount Approved
6-35 Months	Fluzone® Pediatric Formula	0.25mL Pre- filled Syringe			
3 Years	Fluzone®	0.50mL 10- Dose Vials			
4-18 Years	Fluzone® or Fluviron®	0.50mL 10- Dose Vials			

The population estimates of 3 year-olds only and 4-18 year-olds are requested so that the supply of both Fluzone® and Fluviron® may be managed to apportion these vaccine products efficiently. Please note that the amount requested for 4-18 year-olds may be filled by either Fluzone® or Fluviron® product.